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3743
TEW

PATENT
Customer No. 39,878
Attorney Docket No. 9891-0000010/US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Thomas J. WOOD) Group Art Unit: 3743
Application No.: 10/658,769) Examiner: Teena Mitchell
Filed: September 10, 2003)
For: NASAL INTERFACE AND)
SYSTEM INCLUDING VENTILATION)
INSERT)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL

Sir:


Applicant hereby petitions under 37 C.F.R. § 1.102(c) and §§ 708.01 and 708.02(III) of the M.P.E.P. to make the above-identified application special on the basis that the Applicant is not available to assist in the prosecution of the application if it were to run its normal course.

As set forth in the attached Declaration, the Applicant has been receiving medical treatment for lung cancer. As established in the Declaration, in view of the Applicant's health, and the policy set forth in the pertinent regulations and provisions, it is believed that this petition should be automatically granted.

Applicant understands that no fee is required for this petition. If, however, any fee is necessary, please charge it to Deposit Account No. 50-2961.

Respectfully submitted,

Min, Hsieh & Hack, LLP

By 

Timothy J. Maier
Reg. No. 51,986

TJM:CLC



PATENT

Customer No. 39,878

Attorney Docket No. 9891-000010/US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
)
Thomas J. WOOD et al.) Group Art Unit: unknown
)
Application No.: 10/658,769) Examiner: unknown
)
Filed: September 10, 2003)
)
For: NASAL INTERFACE AND)
SYSTEM INCLUDING VENTILATION)
INSERT)
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

DECLARATION

Sir:

I, Shara Hernandez, am the President of Innomed Technologies, the assignee of the above-identified application, as evidenced by the Assignment Recordation. I understand that this declaration is being submitted in support of a petition to make the above-identified application special.

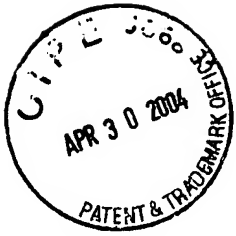
Attached hereto are hospitalization bills showing that Applicant has been receiving extensive treatment for an aggressive form of lung cancer. Applicant has been receiving treatment since September of 2003.

By: Shara Hernandez, Pres.

Shara Hernandez

President. Innomed Technologies

Attachments



**InnoMed
Technologies**

23257 State Road 7
Suite 206 - 207
Boca Raton, FL 33428
Phone: 888-925-2526
Fax: 888-956-2526

March 23, 2004

Dear Mr. Maier,

Enclosed are copies of invoices for Thomas Jackson Wood's recent thoracotomy. Mr. Wood is suffering from an aggressive form of lung cancer.

Sincerely,



Shara Hernandez
InnoMed Technologies
President



Saint Joseph's
Hospital of Atlanta

5665 Peachtree
Dunwoody Road
N.E.

Sponsored
by the Sisters
of Mercy

Atlanta, Georgia
30342-1764
(404) 851-7001

September 17, 2003

Mr. Thomas Wood
11104 Parkview Lane
Alpharetta, Georgia 30005

← Dr Thomas
Seay
Atlanta Cancer Care
needs to schedule
Seay -
Self pay?

Dear Mr. Wood:

Please review the attached itemized statement for your current charges and the total balance that is due 30 days after discharge. If the total amount is paid in full by October 9, 2003, you are eligible for a 15% discount of the total charges.

Your total current charges are \$7,730.50 applying the 15% discount (\$1,159.58), the total balance due will be \$4,0470.92.
-\$2,500.00

If you should have additional questions, I can be reached at (404) 851-7239. If you receive my voice mail, please leave me a message and I will return your call promptly.

Thank you,

Timmy R. Buffin
Patient Financial Advocate

PHYSICIAN SPEC IN ANESTHESIA, PC
P. O. BOX 102163
ATLANTA GA 30368-0163



Return Service Requested

Place of Service: ST. JOSEPHS HOSPITAL
ATL9*354*75994

ME354103FJCU004292-000016

THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414



PHYSICIAN SPEC IN ANESTHESIA, PC
P. O. BOX 102163
ATLANTA GA 30368-0163

PATIENT NAME	
THOMAS WOOD	
ACCOUNT NUMBER	STATEMENT DATE
354*75994	10/02/2003
AMOUNT DUE	AMOUNT PAID
1121.00	



PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Date	Doctor	Code	Description	Page 1 of 1 Amount
09/18/2003	PHILLIP H WELLS, MD	8231859	THORACIC EPIDURAL	590.00
09/19/2003	JOHN STEPHENSON, MD	99231	INPT ACUTE POST OP PAIN ROUNDS	177.00
09/20/2003	JAMES CARLSON, MD	99231	INPT ACUTE POST OP PAIN ROUNDS	177.00
09/21/2003	JOHN STEPHENSON, MD	99231	INPT ACUTE POST OP PAIN ROUNDS	177.00

ESTA FACTURA ES SOLO POR LOS SERVICIOS SOMETIDOS POR EL DEPARTAMENTO DE ANESTESIA.

Billing questions? Call: 770/237-1460

ACCOUNT NUMBER	DATE OF STATEMENT	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	BALANCE	AMOUNT DUE
354*75994	10/02/2003			1121.00

PATIENT NAME

THOMAS WOOD

ACCORDING TO OUR RECORDS, THIS ACCOUNT DOES NOT HAVE
INSURANCE. PLEASE PAY IN FULL TODAY. IF YOU HAVE INSURANCE,
PLEASE CALL OUR OFFICE TODAY. THANK YOU.

WE ACCEPT VISA, MASTERCARD, AMEX & DISCOVER CARDS.

COBRA COVERAGE MAYBE AVAILABLE IF YOUR EMPLOYMENT

STATUS HAS CHANGED. CONTACT US FOR GENERAL INFORMATION

THIS STATEMENT REPRESENTS ONLY THE ANESTHESIOLOGIST'S

SERVICES. ** THANK-YOU **

CALLS TO CUSTOMER SERVICE MAY BE MONITORED FOR QUALITY

ASSURANCE, IF YOU DO NOT WANT YOUR CALL MONITORED

Tax Id 581380128

Place of Service: ST. JOSEPHS HOSPITAL

Referring Doctor: JOHN E MOORE MD

MAKE CHECKS PAYABLE TO:

PHYSICIAN SPEC IN ANESTHESIA, PC

ATLANTA RADIOLOGY CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

Forwarding Service Requested

Patient : WOOD THOMAS

ATLANTA RADIOLOGY CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

CHECK CARD		
USING FOR PAYMENT <input type="checkbox"/> <input checked="" type="checkbox"/>		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT.#
09/15/03	\$ 146.00	105644819
SHOW AMOUNT PAID HERE \$		

*****AUTO**MIXED AADC 350
00003448 1 MB 0.309 01
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414



STATEMENT

☐ Please check box if your address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

Page: 1 of 1

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

DATE	CODE	DESCRIPTION	DX	PHYS	SITE	AMOUNT
08/27/03	78801	TUMOR LOCALIZE MULTIPLE AREAS	162.9	05	02	146.00

****PAYMENT IS DUE UPON RECEIPT**** IF YOU HAVE INSURANCE AND WISH OUR OFFICE TO FILE A CLAIM. PLEASE CALL WITHIN THE NEXT 10 DAYS AND PROVIDE THAT INFORMATION.

* * THANK YOU * *

Please Pay This
Amount \$ 146.00

Patient : WOOD THOMAS
Account : 105644819
Site : IMAGING CENTER P
Ref Phys : JOHN MOORE MD
Att Phys : KRIS GEOGAUDAS MD

For Billing Questions Please Call:
(404)256-5193



Saint Joseph's
Hospital of Atlanta

5665 Peachtree
Dunwoody Road
N.E.

*Sponsored
by the Sisters
of Mercy*

Atlanta, Georgia
30342-1764
(404) 851-7001

September 23, 2003

Mr. Thomas J. Wood
11104 Parkview Lane
Alpharetta, Georgia 30005

Dear Mr. Thomas:

Please review the attached itemized statement for your current charges and the total balance that is due 30 days after discharge. If the total amount is paid in full by October 21, 2003, you are eligible for a 15% discount of the total charges.

Your total current charges are \$23,002.75 applying the 15% discount (\$3,450.43), the total balance due will be \$19,552.32.

If you should have additional questions, I can be reached at (404) 851-7239. If you receive my voice mail, please leave me a message and I will return your call promptly.

Thank you,

Timmy R. Buffin
Patient Financial Advocate

059149 1224
ATLANTA CARDIAC & THORACIC SUR
5671 TREE DR NW #550
ATLANTA GA 30342

ADDRESS SERVICE REQUESTED

(404) 252-9063
OFFICE PHONE NUMBER

10/01/03
CLOSING DATE

1224
YOUR ACCOUNT NUMBER

SHOW AMOUNT
PAID HERE

01
PAGE NO.

21066.00
NEW BALANCE

TOM WOOD
11104 PARKVIEW LANE
ALPHARETTA, GA 30005-5414

ATLANTA CARDIAC & THORACIC SUR
5671 TREE DR NW #550
ATLANTA, GA 30342-5013

NOTE: Charges and payments not appearing on this
statement will appear on next month's statement.

TOM WOOD
PLEASE RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAIDMENTS AND CREDITS
090803	WOOD	MEDIASTINOTOMY FOR EXPLORATION, TRANS T WOOD		2850.00	
090803		MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY		1300.00	
090803		DIAGNOSTIC BRONCHOSCOPY, W/ OR W/O CELL		725.00	
091803	WOOD	POSTOP FOLLOWUP VISIT	T WOOD		
091803		ADDITIONAL DIAGNOSIS		4000.00	
091803	WOOD	PULMONARY LOBECTOMY, SINGLE LOBE	T WOOD	3978.00	
091803		PULMONARY SPLENECTOMY		3250.00	
091803		PARTIAL PLEURECTOMY		830.00	
091803		THORACIC LYMPHADENECTOMY, REGIONAL		725.00	
091803		DIAGNOSTIC BRONCHOSCOPY, W/ OR W/O CELL		500.00	
091803		EXCISION BENIGN LESION, TRUNK/ARM/LEG 4.		500.00	
091803		DEBRID COMPLEX WOUND, TRUNK, 2.6-7.5 CM		800.00	
091803		PULMONARY LOBECTOMY, SINGLE LOBE	T WOOD	795.00	
091803		PULMONARY SPLENECTOMY		650.00	
091803		PARTIAL PLEURECTOMY		146.00	
091803		THORACIC LYMPHADENECTOMY, REGIONAL			

Printed Oct 08 2003
Requested by R Belardo

Optx

Physician Fee Ticket - ACC - by Institution and Time - Selected Patient

ACC Lake Ham		Drive, Suite 500, Atlanta, Georgia, 30342	
9920	OV New Patient	H/O	J9015 Aldesleukin (IL-2) 22MRU SDV
9921	OV Established Patient		J9010 Alemtuzumab (Campath) 10 mg
9924	Consultation	H/O	J9040 Bleomycin (Blencane) 180
A4550	Procedure Tray BM, LP		J9046 Carboplatin (Paraplatin) 50 mg
82962	Accucheck - Glucose		J9080 Claptain (Plathol) 10 mg
38220	Bone Marrow Aspiration (ONLY)		J9083 Cytosar 100 mg
38221	Bone Marrow Biopsy/Aspiration		J9100 Cytarabine (ARA-C) 100 mg
62270	Lumbar Puncture		J9130 Decarbazine (DTIC) 100 mg
89135	Phlebotomy - Therapeutic		J9170 Docetaxel (Taxotere) 20 mg
94780	Pulse Oximetry		J9000 Doxorubicin (Adria) 10 mg
			J9001 Doxorub.-Liposomal (Doxil) 10 mg
			J9181 Etoposide (Veposeid, VP16) 10mg
			J9185 Etoposide, Oral 50mg
			J9185 Fludarabine (Fludara) 60 mg
			J9200 FUOR 600 mg.
			J9190 Fluorouracil (5-FU) 600 mg
			J9201 Gemcitabine (Gemzar) 200 mg
			J9208 Ifosfamide (Ifex) 1 gm
			J9214 Interferon, Alpha-2b (Intron) A 1ML
			J9206 Irinotecan (Camptosar) 20 mg
			J9217 Leuprolide (Lupron) 7.5 mg
			J9208 Mesna 200 mg
36415	Veripuncture		J0896 Ceftriaxone (Rocephin) 250 mg
85007	Blood Smear, w/man diff WBC		J3490TA Cimetidine (Tagamet) 300 mg
85025	CBC Comp. Auto/Diff		50023 Cimetidine (Tagamet) 300 mg
85027	CBC Comp. Auto		
82270	Hemocult (up to 3)		J0880 Darbepoetin Alfa (Aranesp) 5mcg
85044	Reticulocyte Count, Manual		J1100 Decadron (Decadron) 1 mg
85651	Sedimentation Rate		J1190 Dexamethasone (Decadron) 250 mg
			J1200 Diphenhydramine (Benadryl) 50 mg
			J1280 Doxazosin (Anzamel) 10 mg
			Q0136 Epoetin Alpha Injection
			(Non ESRD) 1000units
			Q99 Epoetin Alpha (Eprex) 1000units
			J1440 Filgrastim (Neupogen) 300 mcg
			J1441 Filgrastim (Neupogen) 480 mcg
			J1826 Granisetron (Kytril) 100 mcg
			J1720 Hydrocortisone Sodium Succ
			(Solu-cortef) 100 mg
			J1563 Immune Globulin (IVIG) 1 GM
			J1750 Iron Dextran (Imferon) 50 mg
			J0640 Leucovorin 60 mg
			J0640 Lorazepam (Ativan) 1 mg Tablet
			J2060 Lorazepam (Ativan) 2mg Injection

09/08	FIBEROPTIC CART	87350053	1	439.75
09/08	ARTERIAL KIT-ANES	87350063	1	39.75
09/08	SUTURE/SINGLE	87510819	9	153.00
09/08	SYRINGES, DISP	87510824	1	7.00
09/08	CHAMBERLAIN PROCEDURE/MOORE	87600367	1	367.25
09/08	MEDIASTINOSCOPY/MOORE	87600369	1	218.75
09/09	PERSONAL PAYMENT	15000036	1	-2500.00
09/09	PERCOCET-5 TAB	73024009	1	4.25
09/09	PERCOCET-5 TAB	73024009	1	4.25
09/09	DILAUDID 2 MG 1CC	73024033	1	23.25
09/09	LAC.RINGERS 1000CC	73033919	1	60.50

TOTAL CHARGES	7730.50
PAYMENTS/ADJUSTMENTS	-2500.00
BALANCE	5230.50

SAINT JOSEPH'S HOSPITAL OF ATLANTA
PO BOX 102046 AMX 68
ATLANTA, GA 30368
404-851-5882

STATEMENT DATE 09/17/2003
PAGE 1 OF 3
FEI # 58-0566257

PATIENT NAME	MEDICAL	ACCOUNT	ADMISSION	DISCHARGE	
WOOD, THOMAS	RECORD	NUMBER	DATE	DATE	DAYS
SS# 256-78-0063	00698866	105674147	09/08/2003	09/09/2003	1

GUARANTOR NAME AND ADDRESS	FIN CLASS: P	ACCT TYPE: A
THOMAS HOOD	INSURANCE	POLICY
11104 PARKVIEW LN	PRVT PAY	256780063
ALPHARETTA GA 30005		

SERVICE	CHARGE	TOTAL
DATE	DESCRIPTION	CHARGES
09/08	ELECTROCARDIOGRAM	88.00
09/08	EKG PROF FEE	21.50
09/08	CHEST PORT	222.50
09/08	ATIVAN 2MG IV * (LORAZEPAM)	64.00
09/08	FENTANYL 5 CC --	29.75
09/08	DILAUDID 2 MG ICC	23.25
09/08	DILAUDID 2 MG ICC	23.25
09/08	MORPHINE 10MG/ML INJ *	23.25
09/08	MORPHINE 10MG/ML INJ *	23.25
09/08	FENTANYL CITRATE	23.25
09/08	MIDAZOLAM HCL	23.75
09/08	VERSED 1MG/ML 2ML INJ	23.75
09/08	LR (RINGERS SOLUTION, LACTATED)	60.50
09/08	LR (RINGERS SOLUTION, LACTATED)	60.50
09/08	LAC. RINGERS 1000CC	60.50
09/08	APRESOLINE 20MG VIAL * (HYDRALAZINE)	48.00
09/08	MORPHINE 15MG/ML INJ	23.25
09/08	METOCLOPRAMIDE HCL	4.25
09/08	CEFZOLIN 1.0 GM.	23.25
09/08	CEFZOLIN 1.0 GM.	23.25
09/08	MARCAINE 0.5% 50ML	44.75
09/08	FAMOTIDINE	9.75
09/08	SODIUM CITRATE (ALK)/CITRIC AC	4.25
09/08	DIPRIVAN 20ML AMP	73.50
09/08	ANESTHES 2.50 HR	438.25
09/08	2.5 HOURS (O R)	2283.00
09/08	1 HR PACU CII	475.00
09/08	0.5 HR PEA CII	189.25
09/08	ASSIST/ARTERIAL	84.50
09/08	REC 1 HRS	566.00
09/08	INJECTION, IM	75.00
09/08	SURG GR MICRO LEVEL IV	130.00
09/08	SURG GR MICRO LEVEL IV	130.00
09/08	SURG GR MICRO LEVEL IV	130.00
09/08	PROTIME W/ INR	61.50
09/08	PTT	57.75
09/08	ABO TYPE	5.25
09/08	RH TYPE	22.75
09/08	SHORT TERM OXYGEN THERAPY	64.00
09/08	SHORT TERM OXYGEN THERAPY	64.00
09/08	SHORT TERM OXYGEN THERAPY	64.00

Medical Statements

Sept. 27, 2003

Shara,

Faxing 8 pages. (cover sheet makes 9)

These represent additional medical bills and are not duplications of any sent in the previous fax.

Also included for your records is the receipt showing Tom's payment of \$2500.00 to St. Joseph's Hospital.

I will try to get additional statements fax'd to you as soon as they arrive. Not sure how many are yet to come for services already rendered.

Incidentals such as prescription meds, support brace, etc. are insignificant at this point...totalling something like \$90-100...so these are not included. I mention this only as another medical expense detail in case the cost of such items should continue to mount and become problematic.

Dr. Moore's office called Friday ... said Dr. Seay (oncologist) would be contacting Tom to set up appointment. We expect to hear from him Monday.

Tom is to have a "fresh" chest xr and take results with him for follow-up visit with Dr. Moore on Oct 7th.

Anita

SAINT JOSEPH'S HOSPITAL OF ATLANTA
PO BOX 102046 ANX 68
ATLANTA, GA 30368
404-651-5882

STATEMENT DATE 09/23/2003

PAGE 4 OF 4

FEI # 58-0566257

PATIENT NAME	MEDICAL RECORD	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAYS
WOOD, THOMAS J	00698866	105724058	09/18/2003	09/21/2003	3

GUARANTOR NAME AND ADDRESS

FIN CLASS: P ACCT TYPE: I

THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005

INSURANCE POLICY
PRVT PAY 256780063

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
----- SUMMARY OF DETAIL CHARGES -----				
	MEDICAL/SURGICAL		1	540.00
	INTENSIVE CARE, MEDICAL		2	4400.00
	PHARMACY		21	1518.00
	IV SOLUTION		9	489.25
	MED/SURG SUPPLY		6	435.50
	NON STERILE SUPPLY		2	544.75
	STERILE SUPPLY		46	5015.75
	LABORATORY		4	258.75
	CHEMISTRY		9	611.50
	IMMUNOLOGY		3	90.50
	HEMATOLOGY		3	127.50
	BACTERIOLOGY & MICROBIOLOGY		1	75.25
	UROLOGY		2	48.25
	CYTOLOGY		2	353.75
	HISTOLOGY		13	2121.50
	CHEST X-RAY		4	890.00
	O/R SUPPLY & TIME		3	3307.50
	ANESTHESIA		1	565.50
	RESPIRATORY SVC		6	124.50
	DRUGS REQUIRING DETAIL CODING		7	151.50
	RECOVERY ROOM		2	975.00
	(EKG/ECG) TELEMETRY		2	356.50

TOTAL CHARGES	23002.75
PAYMENTS/ADJUSTMENTS	0.00
BALANCE	23002.75

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 PO BOX 102046 ANX 68
 ATLANTA, GA 30368
 404-851-5882

STATEMENT DATE 09/23/2003
 PAGE 3 OF 4
 FBI # 58-0566257

PATIENT NAME					
WOOD, THOMAS J	MEDICAL	ACCOUNT	ADMISSION	DISCHARGE	
	RECORD	NUMBER	DATE	DATE	DAYS
SSN 256 78-0063	00698866	105724058	09/18/2003	09/21/2003	3

SERVICE	CHARGE	TOTAL
DATE	CHARGE DESCRIPTION	CHARGES
(CONTINUED FROM PREVIOUS PAGE)		
09/19	CEFAZOLIN 1.0 GM.	23.25
09/19	RX AEROSOL SUBSEQUENT	20.75
09/19	RX AEROSOL SUBSEQUENT	20.75
09/19	CBC AUTOMATED W/DIFF -HEM	69.75
09/19	BASIC METABOLIC PANEL -MAIN STAT	86.25
09/19	OXY CANN CONT	71.75
09/19	OXY FACE TENT CONT	134.00
09/20	TELEMETRY STEP DOWN	540.00
09/20	CHEST PORT	222.50
09/20	SENOKOT-8 TAB	3.50
09/20	DILAUDID/MARCAINE CASSETTE	116.25
09/20	DEX 5%WATER 50CC	47.75
09/20	DEX 5%WATER 50CC	47.75
09/20	BENADRYL AMPS 50MG * (DIPHENHYDRAMINE)	21.00
09/20	CEFAZOLIN 1.0 GM.	23.25
09/20	CEFAZOLIN 1.0 GM.	23.25
09/20	RX AEROSOL SUBSEQUENT	20.75
09/20	RX AEROSOL SUBSEQUENT	20.75
09/20	CULTURE, URINE -BAC	75.25
09/20	BLOOD SMEAR, MANUAL DIFF-HEM	37.50
09/20	URINALYSIS	28.25
09/20	ICTOTEST -HEM	20.00
09/20	CBC AUTOMATED W/DIFF -HEM	69.75
09/20	BASIC METABOLIC PANEL -MAIN STAT	86.25
09/20	TELEMETRY	178.25
09/20	OXY CANN CONT	71.75
09/20	PUMP/PRIMARY UNVENT	47.00
09/21	CHEST PORT	222.50
09/21	SENOKOT-8 TAB	3.50
09/21	RX AEROSOL SUBSEQUENT	20.75
09/21	COMPLETE CBC, AUTO-HEM	45.00
09/21	BASIC METABOLIC PANEL -MAIN STAT	86.25
09/21	TELEMETRY	178.25
09/21	OXY CANN CONT	71.75

TOTAL CHARGES	23002.75
PAYMENTS/ADJUSTMENTS	0.00
BALANCE	23002.75

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 PO BOX 102046 ANX 68
 ATLANTA, GA 30368
 404-851 5882

STATEMENT DATE 09/23/2003
 PAGE 2 OF 4
 FEI # 58-0546257

PATIENT NAME					
WOOL, THOMAS J	MEDICAL	ACCOUNT	ADMISSION	DISCHARGE	
	RECORD	NUMBER	DATE	DATE	DAY6
SSN 256 78-0063	00698866	105724058	09/18/2003	09/21/2003	3

SERVICE	CHARGE	TOTAL
DATE	CHARGE DESCRIPTION	CHARGES
	CODE	QNTY
(CONTINUED FROM PREVIOUS PAGE)		
09/18	SURG GR MICRO LEVEL VI	78893053 1 330.25
09/18	FROZEN SECTION 1ST	78893152 1 188.25
09/18	FROZEN SECTION 1ST	78893152 1 188.25
09/18	FROZEN SECT, ADDITIONAL-PATH	78893160 1 87.25
09/18	FROZEN SECT, ADDITIONAL-PATH	78893160 1 87.25
09/18	PROTIME W/ INR	78942851 1 61.50
09/18	PTT	78942950 1 57.75
09/18	ABO TYPE	79220356 1 5.28
09/18	RH TYPE	79220364 1 22.75
09/18	AB SCREEN	79220505 1 62.50
09/18	COMPLETE CBC, AUTO-HEM	79455556 1 45.00
09/18	DNA CELL CYCLE ANALYSIS -FLW CYTO	79542064 1 95.00
09/18	DNA PLOIDY-P.E. FLW CYTO	79542080 1 258.75
09/18	SL BLOOD GAS	79600063 1 107.00
09/18	OR SODIUM	79600089 1 34.75
09/18	SL GLUCOSE	79600097 1 37.25
09/18	SL ION CALCIUM	79600154 1 52.75
09/18	BASIC METABOLIC PANEL -MAIN STAT	79638086 1 86.25
09/18	OR POTASSIUM	79651348 1 34.75
09/18	CONN	80000081 1 14.50
09/18	INTRA-OP BAIR HUGGER	80000095 1 85.00
09/18	OXY CANN CONT	87340001 1 71.75
09/18	SHORT TERM OXYGEN THERAPY	87340008 1 64.00
09/18	SHORT TERM OXYGEN THERAPY	87340008 1 64.00
09/18	BROCHO. TUBE	87350022 1 280.50
09/18	CONTINUOUS EPIDURAL CATHETER	87350032 1 120.25
09/18	FIBEROPTIC CART	87350053 1 459.75
09/18	ARTERIAL KIT-ANES	87350063 1 39.75
09/18	DRESSING SPONGES 4x4	87510237 1 10.50
09/18	LAP PADS DISP	87510463 1 34.50
09/18	PEANUT SPONGES	87510635 10 87.50
09/18	SUTURE/MULTI PK	87510817 2 175.50
09/18	SUTURE/SINGLE	87510819 13 221.00
09/18	TCR/TRT 55/75 REFILL	87510836 2 425.00
09/18	TL/TLV 30/60/90	87510853 2 898.50
09/18	TLC 55/75 STAPLER	87510854 1 692.25
09/18	TR/TRV 30/60/90 REFILL	87510868 7 1274.00
09/18	THORACOTOMY/MOORE	87600267 1 581.50
09/19	NEURO ICU ROOM AND BOARD	60000008 1 2200.00
09/19	CHEST PORT	72100099 1 222.50
09/19	DEX 5% 456 KCL 20MEQ 1000CC	73033884 1 81.75
09/19	DEX 5%/WATER 50CC	73033989 1 47.75
09/19	DEX 5%/WATER 50CC	73033969 1 47.75
09/19	DEX 5%/WATER 50CC	73033969 1 47.75
09/19	BENADRYL AMPE 50MG - (DIPHENHYDRAMINE)	73046769 1 21.00
09/19	CEFAZOLIN 1.0 GM.	73047659 1 23.25
09/19	CEFAZOLIN 1.0 GM.	73047659 1 23.25

SAINT JOSEPH'S HOSPITAL OF ATLANTA
PO BOX 102046 ANX 68
ATLANTA, GA 30368
404-851-5882

STATEMENT DATE 09/23/2003
PAGE 1 OF 4
FEI # 58-0566257

PATIENT NAME

WOOD, THOMAS J	MEDICAL RECORD	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAYS
SSN 256-78 0063	00698866	105724058	09/18/2003	09/21/2003	3

GUARANTOR NAME AND ADDRESS

FIN CLASS: P ACCT TYPE: I

THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005

INSURANCE POLICY
PRVT PAY 256780063

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
09/18	NEURO ICU ROOM AND BOARD	60000008	1	2200.00
09/18	CHEST PORT	72100099	1	222.50
09/18	FENTANYL 5 CC **	73024020	1	29.75
09/18	MORPHINE 10MG/ML INJ *	73024035	1	23.25
09/18	FENTANYL 2 CC **	73024057	1	23.25
09/18	VERSED 1MG/ML 5ML INJ	73024732	1	51.75
09/18	DILAUDID/MARCAINE CASSETTE	73029486	1	116.25
09/18	DILAUDID/MARCAINE CASSETTE	73029486	1	116.25
09/18	VERSED 1MG/ML 2ML INJ	73029871	1	23.75
09/18	LR (Ringers SOLUTION,LACTATED)	73033919	1	60.50
09/18	LR (Ringers SOLUTION,LACTATED)	73033919	1	60.50
09/18	DEX 54/WATER 50CC	73033969	1	47.75
09/18	MORPHINE 15MG/ML INJ	73041078	1	23.25
09/18	ANZEMET 12.5MG INJ (DOLASETRON)	73043092	1	91.00
09/18	BENADRYL AMP6 50MG * (DIPHENHYDRAMINE)	73046769	1	21.00
09/18	BENADRYL AMP6 50MG * (DIPHENHYDRAMINE)	73046769	1	21.00
09/18	BENADRYL AMP6 50MG * (DIPHENHYDRAMINE)	73046769	1	21.00
09/18	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/18	CEFAZOLIN 1.0 GM.	73047659	1	23.25
09/18	PAMOTIDINE	73048805	1	9.75
09/18	LIDOCAINE 1% MPF	73049401	1	23.25
09/18	DIPRIVAN 20ML AMP	73079978	1	73.50
09/18	DIPRIVAN 20ML AMP	73079978	1	73.50
09/18	RX AEROSOL 1ST TREATMENT	73410009	1	20.75
09/18	ANESTHES 4.50 HR	73500010	1	565.50
09/18	4.5 HOURS (O R)	75100012	1	3110.50
09/18	2 HR PACU CIII	75500048	1	785.75
09/18	1.0 HR PSA CII	75500101	1	189.25
09/18	EPIDURAL PLACEMENT	75500220	1	114.50
09/18	ASSIST/ARTERIAL	75500222	1	84.50
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL IV	78893038	1	130.00
09/18	SURG GR MICRO LEVEL VI	78893053	1	130.25

CASHIER'S INITIALS	DATE	CHECKS	CASH	W/CHK. VISA C.A.S.	ACCOUNT NAME	TOTAL AMOUNT	BILLING NUMBER OR GENERAL LEDGER NO.
SMD	9.5.03	2500.00			Wood, Thomas J.	2500.00	105674147

THE BALANCE OF YOUR HOSPITAL BILL REPORTED TO YOU BY THE CASHIER AT DISMISSAL MAY NOT INCLUDE ALL CHARGES FOR SERVICES RENDERED. ALL LATE CHARGES WILL BE POSTED TO YOUR FINAL STATEMENT.

SAINT JOSEPH'S HOSPITAL
ATLANTA, GEORGIA

WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.
AND WE HOPE THAT OUR SERVICE AND PATIENT
CARE HAVE MET WITH YOUR APPROVAL.

Thank You

SAVE YOUR RECEIPTS FOR TAX PURPOSES.

1823

SAINT JOSEPH'S HOSPITAL OF ATLANTA

STATEMENT DATE 09/26/2003

PO BOX 102046 AMX 68

PAGE 1 OF 1

ATLANTA, GA 30368

404-851-5882

FEI # 58-0566257

PATIENT NAME

WOOD, THOMAS J

MEDICAL

ACCOUNT

ADMISSION

DISCHARGE

RECORD

NUMBER

DATE

DATE

DAYS

SEN 256-70-0063

00698866

105724058

09/18/2003

09/21/2003

3

GUARANTOR NAME AND ADDRESS

FIN CLASS: P ACCT TYPE: I

THOMAS WOOD

INSURANCE

POLICY

11104 PARKVIEW LN

PRVT PAY

256780063

ALPHARETTA GA 30005

SERVICE DATE	CHARGE DESCRIPTION	CHARGE CODE	QNTY	TOTAL CHARGES
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----- SUMMARY OF DETAIL CHARGES -----

MEDICAL/SURGICAL	1	540.00
INTENSIVE CARE, MEDICAL	2	4400.00
PHARMACY	21	1518.00
IV SOLUTION	9	489.25
MED/SURG SUPPLY	6	435.50
NON STERILE SUPPLY	2	544.75
STERILE SUPPLY	46	5015.75
LABORATORY	4	258.75
CHEMISTRY	9	611.50
IMMUNOLOGY	3	90.50
HEMATOLOGY	3	127.50
BACTERIOLOGY & MICROBIOLOGY	1	75.25
UROLOGY	2	48.25
CYTOLOGY	4	707.50
HISTOLOGY	13	2121.50
CHEST X-RAY	4	890.00
O/R SUPPLY & TIME	3	3309.50
ANESTHESIA	1	565.50
RESPIRATORY SVC	6	124.50
DRUGS REQUIRING DETAIL CODING	7	151.50
RECOVERY ROOM	2	975.00
(EXG/ECG) TELEMSTRY	2	356.50

TOTAL CHARGES	23356.50
PAYMENTS/ADJUSTMENTS	0.00
BALANCE	23356.50

duplicate?

81050	Urine Timed Collection		J9260	Mitomycin (Vesumycin) 0.001 mg		J2175	Mepredilone (Demerol) 10mg	
			J9263	Mitoxantrone (Novantrone) 5 mg		J2765	Meloxicam (Raglan) 10 mg	
			J9285	Paclitaxel (Taxol) 30 mg		J2352	Octreotide (Sandostatin LAR) 1mg	
99000	Specimen Handling		J9310	Rituximab (Rituxan) 100 mg		J34903A	Octreotide (Sandostatin) 50 mcg	
80048	Basic Metabolic Panel		J9350	Topotecan (Hycamtin) 4 mg		J2405	Ondansetron (Zofran) 1 mg	
87040	Blood Culture		J9355	Trastuzumab (Herceptin) 10 mg		J2430	Pamidronate (Aredia) 30 mg	
86300	CA 27.29		J9360	Vinblastine (Velban) 1 mg		J3480	Potassium Chloride 2 mg	
85304	CA 125		J9370	Vincristine (Oncovin) 1 mg		J0760	Prochlorperazine (Compazine) 10mg	
82378	CEA		J9390	Vinorelbine (Navelbine) 10 mg		J2550	Promethazine (Phenargen) 50 mg	
80053	Comp Metabolic Panel		J9202	Zoledex 3.6 mg		J2792	Rho(D) Immune Globulin 100 U's	
82576	Creatinine Clearance					J2820	Sargrelostim (Leukine) 50 mcg	
80061	Electrolyte Panel					J2918	Sodium Ferric Gluconate (Ferriol) 12.5 mg	
82728	Ferritin, Serum							
82746	Folic Acid, Serum							
80076	Hepatic Function Panel							
83815	LDH							
80061	Lipid Panel							
84153	Prostatic Specific Antigen (PSA)							
85610	PT							
85730	PTT							
-TIBC	Total Iron Binding Capacity							
34443	TSH							
84478	Thyroid Profile T3, T4, OR THBR							
84436	Thyroxine, Total							
87088	Urine Culture (C & S)							
82607	Vitamin B12							
-00549	SIEP							
-00747	SIEP							
-00213	UIEP							
82784	Quantitative Immunoglobulins (IGA, IGG, IGM)							
-00750	UPEP							

Diagnosis							
DATE / TIME	LOCATION	DOCTOR	PATIENT #	PATIENT NAME	PHONE #	SEX	D.O.B.
Oct 06, 2003 15:30	AOC Lake Maun	Seay, Thomas	27286	Wood, Tom J	(878) 366-0253	Male	Nov 18, 1945
INSURANCE COMPANY				TODAY'S CHARGE			
RESPONSIBLE PARTY				REFERRING DR.			
				Moore, J E			
				ADDRESS			
				11104 Park View Lane, Alpharetta, Georgia, 30005			

Above amounts are estimates. Subject to additional review.

Physician Signature

\$464.00 Amount Due

Report Name: fee_ticket_ACC_pt.rpt - optxMANAGER

OMI DIAGNOSTICS
P.O. BOX 347
ALPHARETTA, GA 30009-0347

16486-XF06

RETURN SERVICE REQUESTED
LAST PMT: 08/29/03
AMOUNT: 320.00

☐ Please check box if address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.
ADDRESSEE:

THOMAS JACKSON WOOD
11104 PARKVIEW LANE
ALPHARETTA, GA 30005-5414

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
09/08/03	\$746.00	502416
PAGE: 1 of 1		SHOW AMOUNT PAID HERE \$

REMIT TO:
OMI DIAGNOSTICS
P.O. BOX 347
ALPHARETTA, GA 30009-0347

300111

16486-XF06*11LOXWK8J000181

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Description	Charge	Medicare Receipts	Insurance Receipts	Patient Receipts	Adjustments	Balance	Ins. Pend.
09/04/03	CT SCAN, HEAD/BRAIN; w/ CONTRAST MA	646.00					646.00	
09/04/03	Non-Ionic Contrast	100.00					100.00	

** Payment is due upon receipt. Thank you. **							
Current	30 Days	60 Days	90 Days	120 Days	Total Balance	* Ins. Pending	Now Due
746.00	0.00	0.00	0.00	0.00	746.00	0.00	746.00

Message

Account Number
502416

Statement Date
09/08/03

Make Checks Payable To:

OMI DIAGNOSTICS P.O. BOX 347 ALPHARETTA, GA 30009-0347
--

Billing Questions
(770) 664-7777

16486-XF06*11LOXWK8J000181



ATLANTA RADIOLOGY CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

Forwarding Service Requested

Patient : WOOD THOMAS

ATLANTA RADIOLOGY CONSULTANTS
1100 JOHNSON FY RD 245
ATLANTA GA 30342

CHECK CARD		
USING FOR PAYMENT <input type="checkbox"/> <input checked="" type="checkbox"/>		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE 09/24/03	PAY THIS AMOUNT \$ 39.00	ACCT.# 105674147
SHOW AMOUNT PAID HERE \$		

*****AUTO**MIXED AADC 350
00003149 1 MB 0.309 01
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414

STATEMENT

☐ Please check box if your address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

Page: 1 of 1

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

DATE	CODE	DESCRIPTION	DX	PHYS SITE	AMOUNT
09/08/03	71010	XRAY CHEST SINGLE VIEW	786.6	06 01	39.00

PAYMENT IS DUE UPON RECEIPT IF YOU HAVE INSURANCE AND WISH OUR OFFICE TO FILE A CLAIM, PLEASE CALL WITHIN THE NEXT 10 DAYS AND PROVIDE THAT INFORMATION.

* * THANK YOU * *

Please Pay This
Amount \$ 39.00

Patient : WOOD THOMAS
Account : 105674147
Site : SAINT JOSEPHS HOSPITAL
Ref Phys : JOHN MOORE MD
Att Phys : DAVID S OWENS MD

For Billing Questions Please Call:
(404)256-5193

PHYSICIAN SPEC IN ANESTHESIA, PC
P. O. BOX 102163
ATLANTA GA 30368-0163

Return Service Requested

Place of Service: ST. JOSEPHS HOSPITAL
ATL9*354*898866

RE354101EV38003Y5Y-000013
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414



PHYSICIAN SPEC IN ANESTHESIA, PC
P. O. BOX 102163
ATLANTA GA 30368-0163

PATIENT NAME	
THOMAS WOOD	
ACCOUNT NUMBER	STATEMENT DATE
354*898866	09/17/2003
AMOUNT DUE	AMOUNT PAID
1829.00	



PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Date	Doctor	Code	Description	Page 1 of 1 Amount
09/08/2003	REX B FOSTER, MD	00540		
09/08/2003	REX B FOSTER, MD	38620	ANESTHESIA ADMINISTRATION ART LINE	1652.00 177.00

ESTA FACTURA ES SOLO POR LOS SERVICIOS SOMETIDOS POR EL DEPARTAMENTO DE ANESTESIA.
Billing questions? Call: 770/237-1460

ACCOUNT NUMBER	DATE OF STATEMENT	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	BALANCE	AMOUNT DUE
354*898866	09/17/2003			1829.00
PATIENT NAME		ACCORDING TO OUR RECORDS, THIS ACCOUNT DOES NOT HAVE INSURANCE. PLEASE PAY IN FULL TODAY. IF YOU HAVE INSURANCE, PLEASE CALL OUR OFFICE TODAY. THANK YOU.		
THOMAS WOOD				

WE ACCEPT VISA, MASTERCARD, AMEX & DISCOVER CARDS.
COBRA COVERAGE MAYBE AVAILABLE IF YOUR EMPLOYMENT
STATUS HAS CHANGED. CONTACT US FOR GENERAL INFORMATION
THIS STATEMENT REPRESENTS ONLY THE ANESTHESIOLOGIST'S
SERVICES. ** THANK-YOU **
CALLS TO CUSTOMER SERVICE MAY BE MONITORED FOR QUALITY
ASSURANCE. IF YOU DO NOT WANT YOUR CALL MONITORED
PLEASE ADVISE THE REPRESENTATIVE HANDLING YOUR CALL.

FOR OFFICE USE ONLY:

TOT MINS	BASE U	TIME U	RISK U	TOT U
146	12.00	15.00	1.00	28.00

Tax Id 581360128
Place of Service: ST. JOSEPHS HOSPITAL
Referring Doctor: JOHN E MOORE MD
MAKE CHECKS PAYABLE TO:
PHYSICIAN SPEC IN ANESTHESIA, PC
P. O. BOX 102163
ATLANTA GA 30368-0163
770/237-1460

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

ATLANTA, GA 30368

Forwarding Service Requested

For Account Questions, Please Call:
404-252-1968

P. FASL MAKE CHECK PAYABLE TO

PHYSICIANS' PROFESSIONAL LAB.
PO BOX 102538
ATLANTA GA 30368-2538

|||||

CHECK CARD		
USING FOR PAYMENT <input type="checkbox"/> <input checked="" type="checkbox"/>		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT.#
09/18/2003	\$1050.00	698866
SHOW AMOUNT PAID HERE		\$

Page 1 of 1

*****AUTO**3-DIGIT 300
00090020 1 AT 0.292 01
THOMAS WOOD
11104 PARKVIEW LN
ALPHARETTA GA 30005-5414

|||||

Please check box if your address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Pl	Qty	Procedure	Description	Diag	Phys	Loc	Insurance	Patient
09/08/03	01		88307	88307-26 LEVEL V SURGICAL					1050.00
				**** Subtotal of Claim				0.00	1050.00
				**** Statement Totals ****				0.00	1050.00

Abbreviations/Codes

Patient: 01 - Thomas WOOD

Acct #: 698866

Comments

WE DO NOT HAVE YOUR INSURANCE INFORMATION. PLEASE CALL OUR OFFICE. THANK YOU

BALANCE FORWARD	PAYMENTS & CREDITS	TOTAL CHARGES	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW BALANCE PAY THIS AMOUNT
\$0.00	\$0.00	\$1050.00	\$0.00	\$0.00	\$0.00	\$1050.00

PHYSICIANS' PROFESSIONAL LAB.
P.O. BOX 102538
ATLANTA, GA 30368

For Account Questions, Please Call:
404-252-1968